APPENDIX E

8 November 2004

ADULT FAMILY HOME SURVEY RESULTS

1.	 a. How many Adult Family Homes (AFHs) do you have? 126 AFH owners responded with a TOTAL of 183 homes 8.7% b. Actual number of residents in all homes? 880 residents. 							
	c. Percentage of state-paid residents 41.7% of residents are State paid.							
 d. Percentage of private-paid residents 58.3% of residents are private-paid. e. Licensed capacity in all homes Licensed for 6 per home. Actual population is 4.8 residents per home. 								
	YES 88 NO 28							
3.	If yes, please check the reason(s). (Check all that apply)							
	a. Cost too high (affordability)	93						
	b. Too many claims	13						
	c. Less than four years experience	8						
	d. Comparative financials	2						
	e. Problem with resume and business plan	1						
	f. Driver listing and current Motor Vehicle Reco	rd 3						
	g. Insurance company left the state	26						

h. Special-needs residents

(developmentally disabled, Alzheimer's, etc.)

41

	i. Availability of coverage					29		
	· ·		(please identify and expensive.	_		0		
4.	Are you pre	esently insu	ed? (Check one	e)				
	YES	39	NO		83			
5.	If yes, please na	ame insuran	ce company.					
	Colo Phila	•	ies surance Compa	ny				
6.	What is the annual premium you are paying? Low of \$800/yr High of \$68,000							
7.	If no, what is the Price was the #		ny?					
8a	taking this action	on?	cancelled your	-		at was their reason for ing AFHs.		
8b	. If the insurance reason? COST	- •	_	e b	out you d	eclined, what was your		
9.	·	`	, , ,			care? (i.e.: Alzheimer's, d, etc.? (Check one)		
	YES	104	NO)	13			
10	. If YES, what is	the issue th	at requires a sp	ec	ial need	or level of care?		
	95	Dementia						
	64	Mental h						
	35	-	nentally disable		•			
	17	Limited s	skilled nursing s	ser	vices			

- 29 Chronic obstructed pulmonary disease 39 Stroke 1 General medical condition